FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Minnesota Life Insurance Company PAC				Office Us	se Only
ADDRESS (number and street) 400 Robort Street North	=		Example:If typing, type over the lines		
Check if different than previously reported. (ACC) St Paul	Minnesota Life Insurance Co	mpany PAC			
Check if different than previously reported. (ACC) St Paul					
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C00120006 3. IS THIS REPORT X NEW OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	ADDRESS (number and street)	400 Robert Street North			
reported, (ACC) 2. FEC IDENTIFICATION NUMBER C00120006 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) Cotober 15 Quarterly Report(Q2) Quarterly Report(Q2) Termination Report (PE) July 31 Mid-Year Report(Non-election Year Conly) Termination Report (TER) Termination Report					
C00120006 3. ISTHIS REPORT X (N) OR (A) 4. TYPE OF REPORT (Choose One) (Choose One) (Choose One) (Choose One) (A) 4. TYPE OF REPORT (Choose One)		St Paul		MN 55	5101
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) Termination Report (TER) Dual 28 2 0 0 6 Termination Report (TER) REPORT Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M11) Nov 20 (M1) Nov 20 (M11) Nov 20 (M1) Nov 20 (2. FEC IDENTIFICATION NUM	BER ♥ CITY ▲	1	STATE	ZIPCODE 🛕
(Choose One) (Ron-Election Fee 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Feer Only) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) X January 31 Quarterly Report(VE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) Termination Report Ter	C00120006				
(a) Quarterly Reports: Mar 20 (M3)		Report Feb 20	(M2) May 20 (M5)	Aug 20 (M8)	
April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) X Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) Quarterly Report Q1	(a) Quarterly Reports:		(M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Cuarterly Report(Q1) July 15 Quarterly Report(Q2) Cotober 15 Quarterly Report(Q3) X January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Post - Election Report for the: Election on General (12G) Report (12G) Report for the: Flection on Felocition on Felo	April 15	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10)	
Quarterly Report(Q2) October 15 Quarterly Report(Q3) X January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Electronically Filed by Allen Peterson NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. PRE-Election Report for the: Convention (12C) Special (12G) Special (12G) Special (12G) Felection on State of Report for the: Special (30G) Runoff (30R) Special (30S) Special (30S) Runoff (30R) Special (30S) Special (30S)	Quarterly Report(Q		Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report(Q3) X January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) Covering Period 1 1 2 8 2 0 0 6 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Allen Peterson Signature of Treasurer Electronically Filed by Allen Peterson Date Office Use Post - Election General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Factorically Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Special (30S) Special (30S) Runoff (30R) Special (30S) Special	Quarterly Report(Q	2)	Convention (12C)	Special (12G)	
State of	Quarterly Report(Q	3)			in the
Report(Non-election Year Only) (MY) Post -Election General (30G) Report for the: In the State of	X Quarterly Report(Yl	Election or	n		
Election on State of	Report(Non-election	Post -Election	General (30G)	Runoff (30R)	Special (30S)
5. Covering Period 1 1 28 2006 through 1 2 31 2006 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Allen Peterson Signature of Treasurer Electronically Filed by Allen Peterson Date 0 1 0 5 2 0 0 7 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X (Page 03/2003)		Report for the:			in the
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Allen Peterson Date 0.1 0.5 2.0.0.7 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X (Page 03/2003)		Election or	n L.J L.J L		State of
Type or Print Name of Treasurer Allen Peterson Signature of Treasurer Electronically Filed by Allen Peterson Date 0.1 0.5 2.007 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X (Page 03/2003)	5. Covering Period 1 1	28 2006	through 12	31 2006	
Signature of Treasurer Electronically Filed by Allen Peterson Date 0.1 0.5 2.00.7 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use Person Signing this Report to the penalties of 2 U.S.C 437g.	I certify that I have examined this F	Report and to the best of my knowle	dge and belief it is true, correct	and complete.	
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use Office Use	Type or Print Name of Treasurer	Allen Peterson			
Office Use Page 03/2003)	Signature of Treasurer Electron	nically Filed by Allen Peterson		Date 01 05	2007
Use Use	NOTE : Submission of false, error	neous, or incomplete information ma	ay subject the person signing th	nis Report to the penalties	of 2 U.S.C 437g.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Repo	ort Covering the Period: From:	28 2006	To: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a	Cash on Hand January 1 Y2006		17440.44
(b	Cash on Hand at Begining of Reporting Period	6815.44	
(c)	Total Receipts (from Line 19)	845.00	10220.00
(d	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7660.44	27660.44
. То	otal Disbursements (from Line 31)	0.00	20000.00
	ash on Hand at Close of		
	eporting Period ubtract Line 7 from Line 6(d))	7660.44	7660.44
	ebts and Obligations owed TO		
	e committee (Itemize all on shedule C and/or Schedule D)	0.00	
). De	ebts and Obligations owed BY		
	e committee (Itemize all on chedule C and/or Schedule D)	0.00	
X	This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period: From:

1 1 2 8

2006

o: 1 2

^D 3 1

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	815.00	6090.00
	(ii) Unitemized	30.00	4130.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	845.00	10220.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	845.00	10220.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	845.00	10220.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	845.00	10220.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS
Operating Expenditures:

Operating Expenditures:

OPERATION OF TOTAL This Period

COLUMN A
COLUMN B
Calendar Year-to-Date

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees	0.00	20000.00
and Other Political Committees24. Independent Expenditure		
(use Schedule E)25. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made28. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,	0.00	00000 00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
from Line 31)	0.00	20000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	845.00	10220.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	845.00	10220.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 14
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee t	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Minnesota Life Insurance Company PAG	3		
\angle				
	Full Name (Last, First, Middle Initial)			B. (B.).
Α.	Paul Anderson			Date of Receipt
	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5469
	St Paul	MN	55101	
		IVIIN	33101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	rederal political committee.			
	Name of Employer Minnesota Life Insurance	Occupation	n	monthly payroll deduction \$30.00
	Minnesota Life Insurance Company	Vice Pres	sident	Ψ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	200.00	
	Other (specify) ▼		360.00	
_	Full Name (Last, First, Middle Initial)			D. (D.).
В.	Barbara Baumann			Date of Receipt
	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	
	St Paul	MN	·	Transaction ID: SA11A1.5470
		IVIIN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	rederal political committee.			as author as well also destina
	Name of Employer Minnesota Life Insurance	Occupation	n	monthly payroll deduction \$20.00
	Co	Second \	/ice President	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	
	☐ Other (specify) ▼		240.00	
_				
_	Full Name (Last, First, Middle Initial) George Connolly			Date of Receipt
Ο.	Mailing Address 400 Robert Street North			<u> </u>
	Walling Address 400 Hobert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5473
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		50.00
				monthly payroll deduction
	Name of Employer Minnesota Life Insurance	Occupation		monthly payroll deduction \$50.00
	Co	Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General		600.00	
	Other (specify)		11111	_
,	UBTOTAL of Receipts This Page (optional)			100.00
hd	ODITION OF THE OF THE PAGE (OPTIONAL)			
_	OTAL This Period (last page this line number or	nlv)		
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SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/14
	EMIZED RECEIPTS		or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Α	information and discount December and Old			13 14 15 16 17
or fo	r information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Minnesota Life Insurance Company PAC	;		
_	Full Name (Last, First, Middle Initial) Jenean Cordon			Date of Receipt
-	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5474
-	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Minnesota Life Insurance	Occupation Vice Pres		monthly payroll deduction \$40.00
	Company Receipt For:		Year-to-Date ▼	
	Primary General	7 igg. oga.c		1
	Other (specify) ▼	0 0	480.00	
	Full Name (Last, First, Middle Initial) Guy deLambert			Date of Receipt
Ī	Mailing Address 400 Robert Street North	12 29 2006		
(City	State	Zip Code	Transaction ID: SA11A1.5475
_	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupation	า	monthly payroll deduction \$40.00
	Minnesota Life Insurance Company		/ice President	
ı	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	
_	Full Name (Last, First, Middle Initial) Jean Delaney Nelson			Date of Receipt
-	Mailing Address 400 Robert Street North			M M / D D / Y Y Y Y
				12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5476
-	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
Ī	Name of Employer	Occupation	1	monthly payroll deduction \$40.00
	Minnesota Life Insurance Comapny	Vice Pres	sident	
l	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		480.00	
	Other (specify) ▼	0 0		
su	BTOTAL of Receipts This Page (optional)			120.00
			<u>`</u>	
TC	OTAL This Period (last page this line number on	ly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 14				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
TI LIMIZED TILOLII 13		Detailed Summary Page	X 11a 11b 11c 12 12 17 17 17 17 17 17				
Any information against from such Paparts and Stat	tomonto mo	, not be cold or used by any parag	13 14 15 16 17				
Any information copied from such Reports and Stator for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Minnesota Life Insurance Company PAC							
Full Name (Last, First, Middle Initial) A. Sue Ebertz			Date of Respire				
Mailing Address 400 Robert Street North			Date of Receipt				
Maining / Nacioss 400 Hobert Street North			12 29 2006				
City	State	Zip Code	Transaction ID: SA11A1.5477				
St Paul	MN	55101	Amount of Each Receipt this Period				
FEC ID number of contributing	С		40.00				
federal political committee.	<u> </u>		40.00				
Name of Employer	Occupation	 1	monthly payroll deduction \$40.00				
Minnesota Life Insurance Company		/ice President	ψ+0.00				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		480.00	1				
Other (specify)		+00.00]				
Full Name (Last, First, Middle Initial)							
B. George Fremder			Date of Receipt				
Mailing Address 400 Robert Street North			M M / D D / Y Y Y				
-			12 29 2006				
City	State	Zip Code	Transaction ID: SA11A1.5478				
St Paul	MN	55101	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		40.00				
			monthly powell deduction				
Name of Employer Minnesota Life insurance	Occupation		monthly payroll deduction \$40.00				
<u>Company</u>		/ice President					
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,				
Other (specify)	' '	480.00					
Full Name (Last, First, Middle Initial)							
C. Craig Frisvold			Date of Receipt				
Mailing Address 400 Robert Street North			12 29 2006				
City	State	Zip Code	Transaction ID: SA11A1.5479				
St Paul	MN	55101	Amount of Each Receipt this Period				
FEC ID number of contributing			20.00				
federal political committee.	C		20.00				
Name of Employer	Occupation	 1	monthly payroll deduction \$20.00				
Name of Employer Minnesota Life Insurance Company		/ice President	\$20.00				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General	-	240.00	1				
Other (specify) ▼		240.00					
SURTOTAL of Possints This Page (antional)	SUBTOTAL of Receipts This Page (optional)						
SOBTOTAL OF RECEIPTS THIS Page (optional)							
TOTAL This Period (last page this line number or	nly)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 14		
ıт	EMIZED RECEIPTS		or each category of the	(check only one)		
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Δr	ny information copied from such Reports and Statements	may	y not be sold or used by any perso			
or	for commercial purposes, other than using the name and	d ado	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	Minnesota Life Insurance Company PAC					
\angle						
Α.	Full Name (Last, First, Middle Initial) Mark Green			Date of Receipt		
Α.	Mailing Address 400 Robert Street North			M M / D D / Y Y Y	V	
	Walling Address 400 hobert Street North			12 29 2006		
	City State	е	Zip Code	Transaction ID: SA11A1.5480		
	St Paul MN		55101	Amount of Each Receipt this Period		
	FEC ID number of contributing	-		20.00	0	
	federal political committee.			20.00	U	
	Name of Employer Occup	ation	1	monthly payroll deduction		
	Minnesota Life Insurance		I	\$20.00		
	Sompany		Year-to-Date ▼			
	Primary General	3		1		
	Other (specify) ▼		240.00			
	Full Name (Last, First, Middle Initial)			5. (5.).		
В.	Thomas Gustafson			Date of Receipt		
	Mailing Address 400 Robert Street North			12 29 2006		
	City State	 е	Zip Code	Transaction ID: SA11A1.5481		
	St Paul MN		55101	Amount of Each Receipt this Period		
	EEC ID assessing of a participation	_	00101		-	
	FEC ID number of contributing federal political committee.			20.00	0	
				monthly payroll deduction		
	Name of Employer Minnesota Life Insurance Occup			\$20.00		
	Comapny		/ice President			
	Receipt For: Aggree	egale	Year-to-Date ▼	1		
	Other (specify)	,	240.00			
		0		1		
	Full Name (Last, First, Middle Initial)					
C.	Greg Hammerly			Date of Receipt		
	Mailing Address 400 Robert Street North			12 29 2006		
	City State		Zip Code			
	St Paul MN		55101	Transaction ID: SA11A1.5482 Amount of Each Receipt this Period		
		_	33101	Amount of Lacif Necept this Feriod		
	FEC ID number of contributing federal political committee.			20.00	0	
				monthly payroll deduction		
	Name of Employer Minnesota Life Insurance Occup Direct		1	\$20.00		
	Company		V			
	Receipt For: Aggre	egate	Year-to-Date ▼	,		
	Other (specify) ▼		240.00			
	Sales (opcon)) ¥	0		1		
	L				-	
s	UBTOTAL of Receipts This Page (optional)			60.00	0	
\vdash						
Т	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 14
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	r not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Minnesota Life Insurance Company PA			
A.				Date of Receipt
	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5483
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Minnesota Life Insurance	Occupation	1	monthly payroll deduction \$20.00
	Company Receipt For:	Actuary	e Year-to-Date ▼	
	Primary General	Aggregate	rear-to-date V	7
	Other (specify) ▼	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) Gary Kleist			Date of Receipt
	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5484
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Minnesota Life Insurance	Occupation	1	monthly payroll deduction \$40.00
	Company		/ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	
— С.	Full Name (Last, First, Middle Initial) Dave LePlavy			Date of Receipt
	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5485
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupation	1	monthly payroll deduction \$20.00
	Minnesota Life Insurance Company	Second V	/ice President & Controller	Ψ20.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	7
	Other (specify) ▼		240.00	
s	UBTOTAL of Receipts This Page (optional)			80.00
H	OTAL This Period (last page this line number o			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 14	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	EMIZED REGEII 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7
Ar	ny information copied from such Reports and Stateme	ents may	not be sold or used by any perso		<u></u>
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Minnesota Life Insurance Company PAC				
_	Full Name (Last, First, Middle Initial)				_
A.	Catherine McCarty			Date of Receipt	
	Mailing Address 400 Robert Street North			12 29 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5487	
	•	MN	55101	Amount of Each Receipt this Period	
	EEC ID assessment of countries time.				1
	federal political committee.			40.00	
	Name of Employer Minnesota Life Insurance	ccupation	1	monthly payroll deduction \$40.00	
	Company	anager			
		ggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		480.00		
				1	
В.	Full Name (Last, First, Middle Initial) Lynne Mills			Date of Receipt	
ъ.	Mailing Address 400 Robert Street North			M M / D D / Y Y Y Y	
	The state of the s			12 29 2006	
	•	State	Zip Code	Transaction ID: SA11A1.5488	
	St Paul	MN	55101	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			40.00	ı
	Toderal political committee.			monthly payroll deduction	1
	Minneenta Life Incurance	ccupation		\$40.00	
	Company	ce Pres	sident • Year-to-Date ▼	_	
	Primary General	ggregale	: Teal-to-Date V	1	
	Other (specify) ▼		480.00		
_				•	
C.	Full Name (Last, First, Middle Initial) Robert Olafson			Date of Receipt	
	Mailing Address 400 Robert Street North			M M / D D / Y Y Y Y	
				12 29 2006	
		State MN	Zip Code	Transaction ID: SA11A1.5489	
	EEO ID acceptance (acceptable of acceptable of		55101	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	ן כ		50.00	ı
	Name of Employer	ccupation	2	monthly payroll deduction	ı
	Minneenta Life Incurance	ce Pres		\$50.00	
	Company		Year-to-Date ▼	7	
	Primary General	1 1	600.00	1	
	Other (specify)		600.00		
	<u>l</u>				1
s	UBTOTAL of Receipts This Page (optional)			130.00	
					1
T	OTAL This Period (last page this line number only) .		A.		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 14 (check only one) X
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company PAC			
Α.	St Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Life Insurance Company		Zip Code 55101 ce President Year-to-Date ▼	Date of Receipt M M M
3.	St Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Life Insurance Company		Zip Code 55101 Vice President Year-to-Date ▼	Date of Receipt M M
D.	Full Name (Last, First, Middle Initial) Paul Rudeen Mailing Address 400 Robert Street North City St Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Life Insurance Company Address 400 Robert Street North	State MN C Decupation ctuary Aggregate	Zip Code 55101 Year-to-Date ▼	Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional)			80.00
т	OTAL This Period (last page this line number only)		.	

				_
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 14 (check only one)
				X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\vdash	NAME OF COMMITTEE (In Full)			
	Minnesota Life Insurance Company PAG	C		
Α.	Full Name (Last, First, Middle Initial) Bruce Shay			Date of Receipt
	Mailing Address 400 Robert Street North			12 29 YYYY 12006
	City	State	Zip Code	Transaction ID: SA11A1.5493
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Minnesota Llfe Insurance Co	Occupatio Senior V	n ice President	monthly payroll deduction \$40.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00		
В.	Full Name (Last, First, Middle Initial) Mary Anne Smith			Date of Receipt
	Mailing Address 400 Robert Street North			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5494
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Minnesota Life Insurance Company	Occupatio Director	n	monthly payroll deduction \$25.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
— С.	Full Name (Last, First, Middle Initial) Anthony Thomas			Date of Receipt
C.	Mailing Address 400 Robert Street North			M M / D D / Y Y Y Y Y Y 12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.5495
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Minnesota Life Insurance	Occupatio Second	n Vice President	monthly payroll deduction \$40.00
	Company Receipt For:		e Year-to-Date ▼	
	Primary General	13 0		1
	Other (specify) ▼	0 0	480.00	
[s	SUBTOTAL of Receipts This Page (optional)			105.00
ı				

TOTAL This Period (last page this line number only)

FOR LINE NUMBER: PAGE 14/14 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company PAC Full Name (Last, First, Middle Initial) A. Nancy Winter Date of Receipt Mailing Address 400 Robert Street North 12 29 2006 City Zip Code State Transaction ID: SA11A1.5496 St Paul MN 55101 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. monthly payroll deduction \$40.00 Name of Employer Minnesota Life Insurance Occupation Second Vice President Company Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	40.00
TOTAL This Period (last page this line number only)	•	815.00